TSD File Inventory Index

Date: May 28, 2004

Initial: CMKenna

Facility Name: Delphi Energy & Engine Mgmt. Systems (Averill Complex - Ore Field Site)

Facility Identification Number: MID 980 568 745

A.1 General Correspondence		**B.2 Permit Docket (B.1.2)**	
A.2 Part A / Interim Status	√	.1 Correspondence	
.1 Correspondence	√	.2 All Other Permitting Documents (Not Part of the ARA)	
.2 Notification and Acknowledgment	√	**C.1 Compliance - (Inspection Reports)**	√
.3 Part A Application and Amendments	√	**C.2 Compliance/Enforcement**	√
.4 Financial Insurance (Sudden, Non Sudden)		.1 Land Disposal Restriction Notifications	
.5 Change Under Interim Status Requests		.2 Import/Export Notifications	
.6 Annual and Biennial Reports	√	**C.3 FOIA Exemptions - Non-Releasable Documents**	
A.3 Groundwater Monitoring		**D.1 Corrective Action/Facility Assessment**	√
.1 Correspondence		.1 RFA Correspondence	
.2 Reports		.2 Background Reports, Supporting Docs and Studies	
A.4 Closure/Post Closure	√	.3 State Prelim. Investigation Memos	
.1 Correspondence	√	.4 RFA Reports	√
.2 Closure/Post Closure Plans, Certificates, etc.	√	**D. 2 Corrective Action/Facility Investigation**	
A.5 Ambient Air Monitoring		.1 RFI Correspondence	
.1 Correspondence		.2 RFI Workplan	
.2 Reports		.3 RFI Program Reports and Oversight	
B.1 Administrative Record		.4 RFI Draft /Final Report	

Total - 1

5 RFI QAPP		7 Lab data, Soil Sampling/Groundwater	
6 RFI QAPP Correspondence		8 Progress Reports	
7 Lab Data, Soil-Sampling/Groundwater		**D.5 Corrective Action/Enforcement**	
8 RFI Progress Reports		1 Administrative Record 3008(h) Order	
9 Interim Measures Correspondence		.2 Other Non-AR Documents	
10 Interim Measures Workplan and Reports		**D.6 Environmental Indicator Determinations**	
D.3 Corrective Action/Remediation Study		.1 Forms/Checklists	
.1 CMS Correspondence		**E. Boilers and Industrial Furnaces (BIF)**	
.2 Interim Measures		.1 Correspondence	
.3 CMS Workplan		.2 Reports	
.4 CMS Draft/Final Report		**F Imagery/Special Studies** (Videos, photos, disks, maps, blueprints, drawings, and other special materials.)	
.5 Stabilization		**G.1 Risk Assessment**	
.6 CMS Progress Reports		.1 Human/Ecological Assessment	
.7 Lab Data, Soil-Sampling/Groundwater		.2 Compliance and Enforcement	
D.4 Corrective Action Remediation Implementation		.3 Enforcement Confidential	
.1 CMI Correspondence		.4 Ecological - Administrative Record	
.2 CMI Workplan		.5 Permitting	
3 CMI Program Reports and Oversight		.6 Corrective Action Remediation Study	
.4 CMI Draft/Final Reports		.7 Corrective Action/Remediation Implementation	
.5 CMI QAPP		.8 Endangered Species Act	
.6 CMI Correspondence		.9 Environmental Justice	

Note Transmittal Letter to Be Included with Reports.
Comments Documents do not justify individual federal schedule.

A.2 Part A/
Interim Status

UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

file

REPLY TO ATTENTION OF: RCRA ACTIVITIES

DEC 9 1982

SCHULTZ GORDON GEN SUPV
GMC AC SPARK PLUG-AVERILL AVE
1300 NORTH DORT HIGHWAY
FLINT MI 48556
FACILITY: 4143 DAVISON ROAD
LOCATION: FLINT MI 48556
ID NO.: MIT270010226

Dear Applicant:

RE: U.S. EPA Identification Number Change

This is to inform you that the United States Environmental Protection Agency (U.S. EPA) will be changing your temporary (T) identification number to a permanent (D) one. The label below shows your current temporary number as "OLD T NO." and the new permanent number as "NEW D NO."

OLD I.D. NO.: MIT270010226

NEW I.D. NO.: MID980568745

In order to provide your facility with adequate time to convert to the permanent U.S. EPA identification number, we will make the change in our computer system effective January 1, 1983. This will allow you to use your temporary identification number until the end of the calendar year and, thus, cover all 1982 hazardous waste handled under one number for your annual report.

We have coordinated the identification number change with your State hazardous waste management office. The State has a listing of your old and new numbers.

Please contact Mr. Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions regarding this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

cc: Facility owner

UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

MAY 21 1982

Gordon Schultz, Gen. Supervisor
GMC AC Spark Plug Div.
Averill Ave.
1300 North Dort Highway
Flint, Michigan 48556

RE: Interim Status Acknowledgement USEPA ID No. MIT270010226
FACILITY NAME: GMC AC Spark Plug Div. Averill Ave.

Dear Mr. Schultz:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

GRH
5/20/82

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure
cc: John R. Wilson, Jr., Gen. Mgr.

FACILITY NAME

GMC AC SPARK PLUG-AVERILL AVE

EPA ID NUMBER

MIT270010226

FACILITY OPERATOR

GMC AC SPARK PLUG DIV AVERILL AVE

FACILITY OWNER

GMC AC SPARK PLUG DIV AVERILL AVE

FACILITY LOCATION

4143 DAVISON ROAD
FLINT MI 48556

PROCESS CODE	DESIGN CAPACITY	UNIT OF MEASURE
S02	5000.00000	G
S01	428000.00000	G

---------- KEY ----------

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE
STORAGE:		
CONTAINER	S01	G or L
TANK	S02	G or L
WASTE PILE	S03	Y or C
SURFACE IMPOUNDMENT	S04	G or L
DISPOSAL:		
INJECTION WELL	D79	G,L,U, or V
LANDFILL	D80	A or F
LAND APPLICATION	D81	B or Q
OCEAN DISPOSAL	D82	U or V
SURFACE IMPOUNDMENT	D83	G or L
TREATMENT:		
TANK	T01	U or V
SURFACE IMPOUNDMENT	T02	U or V
INCINERATOR	T03	D,W,E, or H
OTHER	T04	U,V,J,R,N, or S

UNIT OF MEASURE	CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS/HOUR	W
GALLONS/HOUR	E
LITERS/HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q
POUNDS/HOUR	J
KILOGRAMS/HOUR	R
TONS PER DAY	N
METRIC TONS/DAY	S

A

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ➤ MIT270010226 REACKNOWLEDGEMENT

GMC AC SPARK PLUG DIV AVERILL AVE
1300 NORTH DORT HIGHWAY
FLINT MI 48556

INSTALLATION ADDRESS ➤ 4143 DAVISON ROAD
FLINT MI 48556

EPA Form 8700-12B (4-80) 09/28/81

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 158-S79[illegible] 6
GSA No. 0246-EPA-OT

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION: AC Spark Plug Division

II. INSTALLATION MAILING ADDRESS: General Motors Corporation

PLEASE PLACE LABEL IN THIS SPACE

1300 N. Dort Highway
Flint, Michigan 48556

III. LOCATION OF INSTALLATION: Averill Avenue Complex
4143 Davison Road
Flint, Michigan 48556

AUG 14 80

FOR OFFICIAL USE ONLY

COMMENTS: C MID980568745

INSTALLATION'S EPA I.D. NUMBER: F [illegible] T/A 1 | APPROVED: A | DATE RECEIVED (yr., mo., & day): 800813

GMC AC SPARK PLUG DIV. AVERILL AVE

I. NAME OF INSTALLATION

AC SPARK PLUG DIVISION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 1300 NORTH DORT HIGHWAY

CITY OR TOWN: FLINT | ST.: MI | ZIP CODE: 48556

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: ~~1300 NORTH DORT HIGHWAY~~ 4143 DAVISON ROAD

CITY OR TOWN: FLINT | ST.: MI | ZIP CODE: 48556

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: SCHULTZ GORDON SUPERVISOR

PHONE NO. *(area code & no.)*: 313-766-2141

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: GENERAL MOTORS CORPORATION

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*: M

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [X] B. TRANSPORTATION *(complete item VII)*
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [X] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify):*

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: MID980568745

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 18 1980

EPA Form 8700-12 (6-80)

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY			
S		T/A	C
W	MID270010226	2	1
1	2 – 13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	F002	F006	F007	F008	F009
7	**8**	**9**	**10**	**11**	**12**
F017	F018				

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	**20**	**21**	**22**	**23**	**24**
25	**26**	**27**	**28**	**29**	**30**

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P030	P098	P099	P104	P106	P121
37	**38**	**39**	**40**	**41**	**42**
U002	U019	U226	U228	U229	U239
43	**44**	**45**	**46**	**47**	**48**

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

[X] 1. IGNITABLE (D001) [X] 2. CORROSIVE (D002) [X] 3. REACTIVE (D003) [X] 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Kent W. [signature]	Director of Plant Engineering	8-11-80

EPA Form 8700-12 (6-80) REVERSE

AC Spark Plug
Division of General Motors Corporation Flint, Michigan 48556

United States Environmental Protection Agency
Region V
111 West Jackson Blvd.
Chicago, Illinois 60604

June 10, 1982

Dear Sir,

Please note that an error has been made in filling out our part A application at two (2) of our locations which carry the following EPA I.D. numbers - MID 005356647 and MIT 270010226.

We have listed that these facilities have surface impoundments - (S-04) when in reality they do not. These are our holding tanks for paint systems and two (2) process waste pits that are used to accumulate water run off from the plant which in return is pumped to our Water Purification plant for processing.

Following instructions given to me from Mr. Jim Brossman of your office, I have redone a copy of our part A and enclosed one (1) for each permit affected.

If you have any further questions, please call.

G. L. Schultz

G. L. Schultz
General Supervisor
Department 19-51
Phone: 313-766-2141

attachment

GS/cm

AC Spark Plug
Division of General Motors Corporation Flint, Michigan 48556

March 10, 1981

EPA Region 5
RCRA Activities
P.O. A3587
Chicago, Ill. 60690

Dear Sharon

This is to verify that the following facility location addresses are correct on the EPA I.D. numbers as assigned to AC Spark Plug.

MIT270010226 Name of facility
GMC AC Spark Plug - Averill Ave - corrected name 9/18/81 LM
4143 Davison Road - facility location corrected fac. add. 9/18/81 LM.
Flint, MI. 48556

MIT270010259 Name of facility
GMC Ac Spark Plug - Davison Engineering Facility location
1601 North Averill Ave.
Flint, MI. 48556

check I.D. no.

MIT270010242 Name of facility
GMC AC Spark Plug - Waste Treatment Facility location
3026 Robert T. Longway Blvd.
Flint, MI. 48556

Gordon L. Schultz
General Supervisor
Department 1951

GS:pn

MAR 19 1981

General Motors Parts Division
General Motors Corporation

Inter-Organization Letter

G T TSD PA

To See Below Location

From Mr. J. W. Cagle Location

Subject Delegation of Authority to Sign Reports Under EPA Consolidated Permit Programs

Date March 24, 1981

TO: All Parts Plant Managers
All P.D.C. Managers
All Truck and Coach Managers

As required under Environmental Protection Agency Consolidated Permit Programs, Part 122, Section 122.6, the position of Plant Manager is hereby designated as my duly authorized representative for your facility. As such, the Plant Manager is authorized to sign all reports required by permits, and other information requested by the EPA Regional Administrator and/or the State/Local Program Director.

In the absence of the person occupying the designated position due to vacation, illness, or other reasons, the person temporarily responsible for the operation of the facility or activity is my duly authorized representative.

Any questions should be directed to the Environmental Control Group - Flint Central Office.

J. W. Cagle
General Manager
General Motors Warehousing and Distribution Division

JWC/vp

cc: EPA Regional Administrator

AC Spark Plug
Division of General Motors Corporation Flint, Michigan 48556

United States Environmental Protection Agency
Region V
111 West Jackson Blvd.
Chicago, Illinois 60604

Dear Sir,

Please note that an error has been made in filling out our past A application at two (2) of our locations which carry the following EPA I.D. numbers - MID 005356647 and MIT 270010226.

We have listed that these facilities have surface impoundments - (S-04) when in reality they do not. These are our holding tanks for paint systems and two (2) process waste pits that are used to accumulate water run off from the plant which in return is pumped to our Water Purification plant for processing.

Following instructions given to me from Mr. Jim Brossman of your office, I have redone a copy of our part A and enclosed one (1) for each permit affected.

If you have any further questions, please call.

G. L. Schultz
General Supervisor
Department 19-51
Phone: 313-766-2141

attachment

GS/cm

Please print or type in the unshaded areas only (fill–in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F MIT270010226 D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill–in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill–in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold–faced terms.

SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge to waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		NA	D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP GMC AC SPARK PLUG DIVISION AVERILL AVE

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 SCHULTZ GORDON GEN SUPERVISOR	313 766 2141

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 1300 N DORT HIGHWAY

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 FLINT	MI	48556

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 4134 DAVISON ROAD

B. COUNTY NAME

GENESEE

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 FLINT	MI	48556	025

RECEIVED 7/19/80

EPA Form 3510-1 (6-80)

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
3714 (specify) Motor vehicle parts & accessories	3694 (specify) Spark plugs, engine ignition
C. THIRD	**D. FOURTH**
3824 (specify) Motor vehicle instruments	3519 (specify) Parts & accessories for internal combustion engine

VIII. OPERATOR INFORMATION

A. NAME: GMC AC SPARK PLUG DIVISION AVERILL AVE

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL, S = STATE, P = PRIVATE, M = PUBLIC (other than federal or state), O = OTHER (specify)

P (specify)

D. PHONE (area code & no.) 313 766 2141

E. STREET OR P.O. BOX: 1300 NORTH DORT HIGHWAY

F. CITY OR TOWN: FLINT

G. STATE: MI

H. ZIP CODE: 48556

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N NA	9 P NA
B. UIC (Underground Injection of Fluids)	**E. OTHER (specify)**
9 U NA	9 SEE ATTACHED (specify) Michigan Air Use Permits
C. RCRA (Hazardous Wastes)	**E. OTHER (specify)**
9 R NA	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of automotive components

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
John R. Wilson, Jr. General Manager	John R Wilson	7-7-82

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S												T/A	C
F	M	I	T	2	7	0	0	1	0	2	2	6	1

(1 | 2 - 13 | 14 | 15)

FOR OFFICIAL USE ONLY

APPLICATION APPROVED (23)	DATE RECEIVED (yr., mo., & day) (24 - 29)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] (71) 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] (71) 2. NEW FACILITY *(Complete item below.)*

C 8 (19)

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

YR. (73 74)	MO. (75 76)	DAY (77 78)
5 6	0 6	0 1

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR. (73 74)	MO. (75 76)	DAY (77 78)

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] (72) 1. FACILITY HAS INTERIM STATUS

[ ] (72) 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code*(s)* in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S													T/A	C
C	D	U	P											1

(1 | 2 - 13 | 14 | 15)

LINE NUMBER	A. PROCESS CODE (from list above) (16 - 18)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify) (19 - 27)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code) (28)	FOR OFFICIAL USE ONLY (29 - 32)
X-1	S 0 2	600	G	
X-2	T 0 3	20	E	
1	S 0 1	428,000	G	
2	S 0 2	5,000	G	
3				
4				

LINE NUMBER	A. PROCESS CODE (from list above) (16 - 18)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (19 - 27)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code) (28)	FOR OFFICIAL USE ONLY (29 - 32)
5				
6				
7				
8				
9				
10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1): W MIT270010226 T/A C 1

FOR OFFICIAL USE ONLY: W DUP T/A C 2 DUP

DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F007	514,000	P	S01	
2	F008				Included in the above.
3	F017	900,000	P	S01	
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTE *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. *(enter from page 1)*

F: M I T 2 7 0 0 1 0 2 2 6 | T/A | C: 6

V. FACILITY DRAWING

All **existing** facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground–level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
43 01 38 N	083 38 14 W

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E:	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F:	G:		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
John R. Wilson, Jr.	John R Wilson	7-7-82

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175 90

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S														T/A	C
F	M	I	T	2	7	0	0	1	0	2	2	6			D
1	2											13		14	15

LABEL ITEMS

- III. FACILITY NAME
- V. FACILITY MAILING ADDRESS
- VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area*(s)* below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold—faced terms.**

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		NA
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X		X
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: GMC AC SPARK PLUG DIVISION AVERILL AVE

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*		
2 SCHULTZ GORDON GEN SUPERVISOR	313	766	2141

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 1300 NORTH DORT HIGHWAY

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 FLINT	MI	48556

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 4143 DAVISON ROAD

B. COUNTY NAME

GENESEE

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 FLINT	MI	48556	025

NOV 17 1980

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
3714 (specify) Motor vehicle parts & accessories	3694 (specify) Spark plugs, engine ignition
C. THIRD	**D. FOURTH**
3824 (specify) Motor vehicle instruments	3519 (specify) Parts and accessories for internal combustion engine

VIII. OPERATOR INFORMATION

A. NAME

GMC AC SPARK PLUG DIVISION AVERILL AVE

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)

P (specify)

D. PHONE (area code & no.) A 313 766 2141

E. STREET OR P.O. BOX

1300 NORTH DORT HIGHWAY

F. CITY OR TOWN B FLINT

G. STATE MI

H. ZIP CODE 48556

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N NA	9 P NA
B. UIC (Underground Injection of Fluids)	**E. OTHER (specify)**
9 U NA	9 S E E A T T A C H E D (specify) Michigan Air Use Permits
C. RCRA (Hazardous Wastes)	**E. OTHER (specify)**
9 R NA	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of automotive components

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
John R. Wilson, Jr. General Manager	John R Wilson Jr	11-17-80

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S												T/A	C
F	M	I	T	2	7	0	0	1	0	2	2	6	1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

☐ 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

C	YR.	MO.	DAY
8	56	06	01

☐ 2. NEW FACILITY *(Complete item below.)*

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code*(s)* in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C).*

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below):* A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		T/A	C
C	DUP		1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S01	428,000	G		7				
	S02	5,000	G		8				
3	S04	20,100	G		9				
4					10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES ... FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*	D. PROCESSES 2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				*included with above*

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

96

EPA I.D. NUMBER (enter from page 1): W M I T 2 7 0 0 1 0 2 2 6 — T/A: — C: 1

FOR OFFICIAL USE ONLY: W — DUP — T/A: — C: 2 — DUP

V. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F007	514,000	P	S01	
2	F008				Included in the above.
3	F017	900,000	P	S01	
4	F017	150,000	P	S04	
5					
6					
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18					
19					
20					
21					
22					
23					
24					
25					
26					

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WAST[illegible] *(continued)*

E. USE THIS SPACE TO LIST ADDITIONA[illegible] PROCESS CODES FROM ITEM D(1) ON PAG[illegible] 3.

EPA I.D. NO. *(enter from page 1)*

													T/A	C
F	M	I	T	2	7	0	0	1	0	2	2	6		6

V. FACILITY DRAWING

All **existing** facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground–level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
43 01 38 N	083 38 14 W

VIII. FACILITY OWNER

[X] A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
John R. Wilson, Jr.	John R Wilson Jr	11-17-80

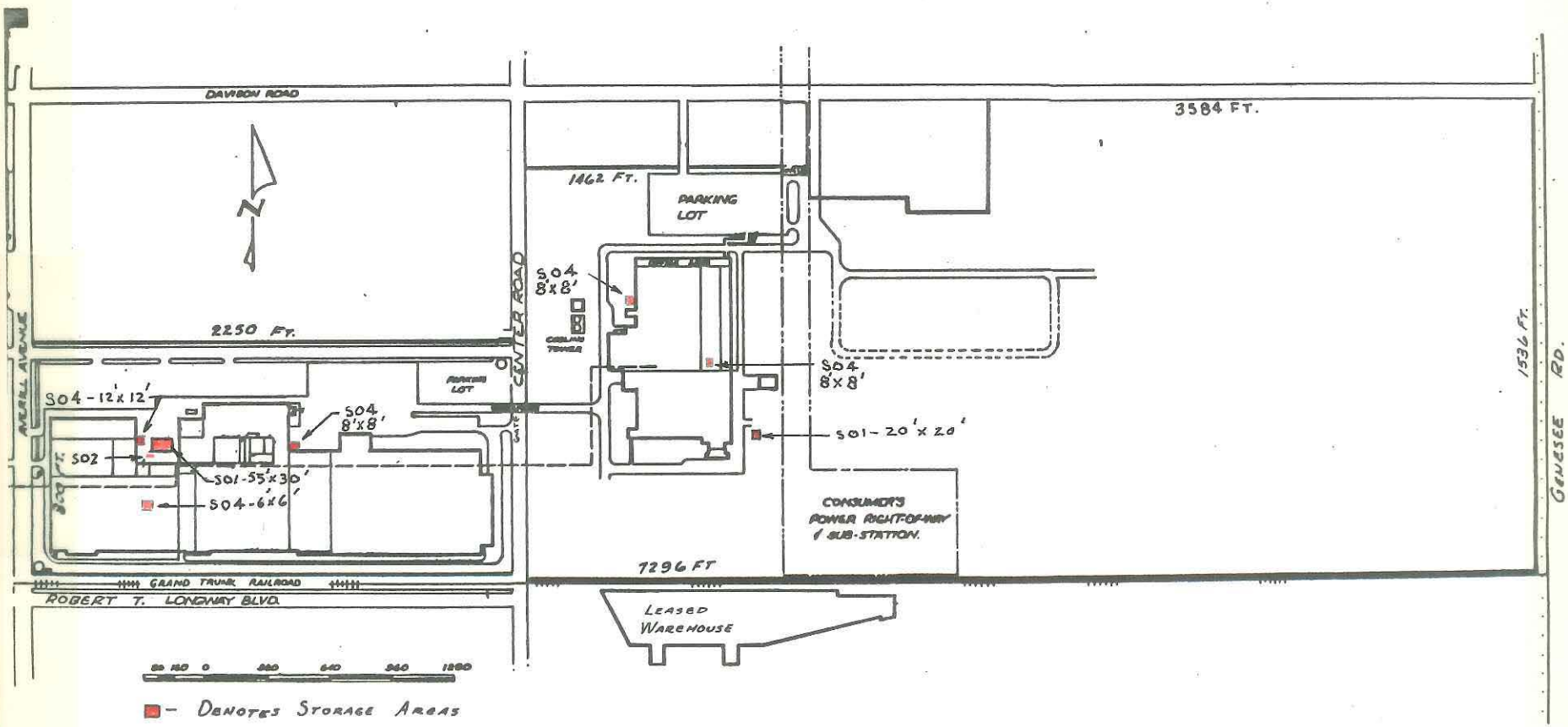
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED

Continued from page 4.

V. FACILITY DRAWING (see page 4)



AVERILL AVENUE COMPLEX

S01 - CONTAINER STORAGE
S02 - TANK STORAGE
S04 - SURFACE IMPOUNDMENT STORAGE

Form Approved OMB No. 158-S80004

Non-responsive

AC Spark Plug

Division of General Motors Corporation Flint, Michigan 48556

AIR POLLUTION PERMITS
ISSUED BY MICHIGAN DEPARTMENT OF NATURAL RESOURCES
TO AC SPARK PLUG DIVISION

September 29, 1980

123-70	254-72	138-74	7-77	742-78	779-78
125-70	307-72	149-74	12-77	743-78	780-78
143-70	15-73	148-74	20-77	744-78	781-78
142-70	32-73	209-74	154-77	745-78	782-78
140-70	52-73	270-74	302-77	746-78	783-78
138-70	53-73	271-74	324-77	747-78	784-78
162-70	54-73	326-74	362-77	748-78	785-78
214-70	55-73	327-74	422-77	749-78	786-78
215-70	56-73	328-74	455-77	750-78	787-78
216-70	116-73	383-74	456-77	751-78	788-78
217-70	139-73	420-74	457-77	752-78	789-78
218-70	138-73	450-74	477-77	753-78	790-78
219-70	127-73	451-74	533-77	754-78	791-78
220-70	144-73	39-75	557-77	755-78	792-78
221-70	143-73	40-75	554-77	756-78	793-78
110-70	145-73	56-75	699-77	757-78	794-78
87-71	146-73	147-75	718-77	758-78	795-78
45-71	147-73	145-75	724-77	759-78	796-78
46-71	148-73	146-75	726-77	760-78	797-78
47-71	149-73	188-75	725-77	761-78	798-78
63-71	150-73	189-75	95-78	478-78	799-78
122-71	160-73	238-75	96-78	479-78	800-78
128-71	159-73	252-75	129-78	762-78	801-78
184-71	187-73	268-75	133-78	763-78	802-78
183-71	186-73	285-75	266-78	764-78	803-78
185-71	217-73	327-75	312-78A	765-78	804-78
217-71	218-73	397-75	312-78	766-78	805-78
216-71	221-73	29-76	366-78	767-78	806-78
215-71	256-73	30-76	367-78	768-78	807-78
214-71	364-73	85-76	368-78	769-78	808-78
213-71	429-73	97-76	386-78	770-78	809-78
26-72	426-73	98-76	387-78	771-78	810-78
25-72	477-73	99-76	388-78	772-78	811-78
56-72	43-74	117-76	401-78	773-78	812-78
55-72	107-74	118-76	733-78	774-78	814-78
54-72	106-74	119-76	734-78	775-78	815-78
87-72	108-74	120-76	735-78	776-78	816-78
107-72	109-74	131-76	736-78	777-78	817-78
116-72	110-74	137-76	737-78	778-78	818-78
183-72	124-74	165-76	738-78	779-78	819-78
215-72	137-74	317-76	739-78	780-78	820-78
217-72	136-74	316-76	740-78	779-78	821-78
253-72	139-74	8-77	741-78	778-78	822-78

Form 1 Item λ

Air Pollution Permits
Issued by Michigan Department of Natural Resources
to AC Spark Plug Division
September 29, 1980

823-78
824-78
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591-80
592-80

List prepared by:

A. J. O'Brien

Do not make entries in shaded areas

OMB #: 2050-0024 Expires: 12-31-86

ENVIRONMENTAL PROTECTION AGENCY

FACILITY BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

See instructions before completing this section.

This facility did not treat, store, or dispose of regulated quantities of hazardous waste at any time during 1983. . . . . ☐

Explain your non-regulated status in the space below.

PLANT 6 & 7

Please print/type with elite type (12 characters per inch)

II. FACILITY EPA I.D. NUMBER

T/A C

F MI D980568745 1

TSD 2 G1 6

This Facility's Non-Regulated Status is Expected to Apply:

☐ For 1983 Only ☐ Permanently

☐ Other (explain in comment section)

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF FACILITY

GMC AC SPARK PLUG - AVERILL AVENUE

IV. FACILITY MAILING ADDRESS

3 1300 NORTH DORT HIGHWAY

Street or P.O. Box

4 FLINT — MI 48556

City or Town — State — Zip Code

V. LOCATION OF FACILITY (if different than section IV above)

5 4143 DAVISON ROAD

Street or Route number

6 FLINT — MI 48556

City or Town — State — Zip Code

VI. FACILITY CONTACT

2 GORDON L SCHULTZ

Name (last and first)

313-257-6257

Phone No. (area code & no.)

VII. COST ESTIMATES FOR FACILITIES

$ 56,500

A. Cost Estimate for Facility Closure

$ ___ , ___ , ___

B. Cost Estimate for Post Closure Monitoring and Maintenance (disposal facilities only)

VIII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Print/Type Name	Title	Signature of Authorized Representative	Date Signed
K.M. Hopkins	Dir.of Plt.Eng.& Toolrooms	K M Hopkins	2/27/84

EPA Form 8700-13B(5-80) (Revised 11-83)

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Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G M I D 9 8 0 5 6 8 7 4 5 1

1 2 13 14 15

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

CHEMICAL RECOVERY SYSTEMS

X. FACILITY'S EPA I.D. NO.

F M I D 0 0 6 0 9 7 5 8 4 4

16 28

XI. FACILITY ADDRESS

36345 VanBORN ROAD

ROMULUS, MI 48174

XII. TRANSPORTATION SERVICES USED

CHEMICAL RECOVERY SYSTEMS MID 060975844

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29 32	1	Waste thinner-used in manufacturing of auto parts.	07 (33 34)	D001 (35 38 / 39 42)	112.7 (43 46 / 47 50 / 51 59)	T (60)
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

Waste thinner was reprocessed by Chemical Recovery Systems and returned to AC for reuse.

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Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

G M I D 9 8 0 5 6 8 7 4 5 T/A 1 C 1

1 2 13 14 15

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

CHEM-MET SERVICES

X. FACILITY'S EPA I.D. NO.

F M I D 0 9 6 9 6 3 1 9 4

16 28

XI. FACILITY ADDRESS

18550 ALLEN ROAD
WYANDOTTE, MI 48192

XII. TRANSPORTATION SERVICES USED

CHEM-MET SERVICES MID 096963194

XIII. WASTE IDENTIFICATION

Sequence # (29–32)	Line #	A. Description of Waste	B. DOT Hazard code (33–34)	C. EPA Hazardous Waste No. (see instructions) (35–38 / 39–42)	D. Amount of Waste (51–59)	E. Unit of Measure (60)
	1	Plastisol waste (used in manufacture of auto parts)		D001	2.8	T
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

Tear out here

Do not make entries in shaded areas

NVIRONMENTAL PROTECTION AGENC

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

G M I D 9 8 0 5 6 8 7 4 5 T/A C 1 1

1 2 13 14 15

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

GENERAL OIL

X. FACILITY'S EPA I.D. NO.

F M I D 0 4 7 1 8 9 5 6 8

16 28

XI. FACILITY ADDRESS

12680 BEECH DALY

REDFORD, MI 48239

XII. TRANSPORTATION SERVICES USED

GREAT NORTHERN OIL MID 020849972

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29 32	1	Oil waste (used in machinery in manufacture of auto accessories	1 2 (33 34)	D 0 0 8 (35 38) (39 42) (43 46) (47 50)	8.4 (51 59)	T (60)
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

OIL WASTE SOLD FOR REVENUE (RECYCLABLE)

Tear out here

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

G M I D 9 8 0 5 6 8 7 4 5 T/A C 1 1

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

ENVIRONMENTAL WASTE CONTROL

X. FACILITY'S EPA I.D. NO.

F M I D 0 5 7 0 0 2 6 0 2

XI. FACILITY ADDRESS

27140 PRINCETON AVENUE
P.O. BOX 431
INKSTER, MI 48141

XII. TRANSPORTATION SERVICES USED

DRURY BROS., INC. MID 056988892

ENVIRONMENTAL WASTE CONTROL MID 057002602

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
	1	Oil waste (used in machines in manufacture of auto accessories	1 2	D 0 0 8	1 0 4 . 3	T
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number--see instructions)

OIL WASTE SOLD FOR REVENUE. (RECYCLABLE)

Tear out here

Do not make entries in shaded areas

OMB#: 2050-0024 Expires: 12-31-86

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

1 Non-handler
2 Small Quantity Generator
4 Exempt
5 Beneficial Use
9 Closed

Please print/type with elite type (12 characters per inch)

This Installation's Non-Regulated Status is Expected to Apply:

☐ For 1983 Only ☐ Permanently

☐ Other _____

II. GENERATOR'S EPA I.D. NUMBER

T/A C

F M I D 9 8 0 5 6 8 7 4 5 1
1 2 13 14 15

G 6 / TSD 2

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF INSTALLATION

G M C A C S P A R K P L U G - A V E R I L L A V E N U E
30 69

IV. INSTALLATION MAILING ADDRESS

3 1 3 0 0 N O R T H D O R T H I G H W A Y
15 16 45

Street or P.O. Box

4 F L I N T M I 4 8 5 5 6
15 16 41 42 47 51

City or Town State Zip Code

V. LOCATION OF INSTALLATION (if different than section IV above)

5 4 1 4 3 D A V I S O N R O A D
15 16 45

Street or Route number

6 F L I N T M I 4 8 5 5 6
15 16 41 42 47 51

City or Town State Zip Code

VI. INSTALLATION CONTACT

2 G O R D O N L S C H U L T Z
15 16 45

Name (last and first)

3 1 3 — 2 5 7 — 6 2 5 7
46 55

Phone No. (area code & no.)

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

K.M. Hopkins - Dir. of Plt. Eng. & Toolrooms — 2/27/84

Print/Type Name | Title | Signature of Authorized Representative | Date Signed

EPA Form 8700-13A(5-80) (Revised 11-83)

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Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: ____________ Rec'd by: ____________

IX. FACILITY'S EPA I.D. NO. T/A C

F M I D 9 8 0 5 6 8 7 4 5 1

X. GENERATOR'S EPA I.D. NO.

G M I D 9 8 0 5 6 8 7 4 5

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

AC SPARK PLUG ON-SITE [X]

XII. GENERATOR ADDRESS

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE 33.8 UOM T
S02 AMOUNT OF WASTE ____ UOM ____
S03 AMOUNT OF WASTE ____ UOM ____
S04 AMOUNT OF WASTE ____ UOM ____
S05 AMOUNT OF WASTE ____ UOM ____

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1	Plastisol waste used in manufacture of air cleaners for autos.	D001	S01	2.8	T
	2	*Waste oil-used in machinery in manufacture of auto accessories	D008	T01	112.7	T
	3	**Paint thinner-used in mixing paint for manf. of auto access.	D001	S01	33.3	T
	4	Process waste sludge. Manufacture of auto accessories.	D007 D008	T01	34.0	T
	5	Paint Sludge (water soluble) Manufacture of auto parts	D007 D008	T01	24.8	T
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XV. COMMENTS (enter information by section number—see instructions)

* WASTE OIL SOLD FOR REVENUE (RECYCLABLE)

**PAINT THINNER SENT OUT FOR RECLAIM AND RETURNED TO AC FOR REUSE.

Tear out here

Do not make entries in shaded areas

NVIRONMENTAL PROTECTION AGENC

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

G M I D 9 8 0 5 6 8 7 4 5 T/A C 1

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

CHEM-MET SERVICES

X. FACILITY'S EPA I.D. NO.

F M I D 0 9 6 9 6 3 1 9 4

XI. FACILITY ADDRESS

18550 ALLEN ROAD

WYANDOTTE, MI 48192

XII. TRANSPORTATION SERVICES USED

INLAND WATER POLLUTION CONTROL MID 000820365

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
	1	Process Waste Sludge Manufacture of auto accessories	12	D007 D008	34.0	T
	2	Paint sludge (water soluble) Manufacture of auto parts	12	D007 D008	24.8	T
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	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

Tear out here

A.4 Closure/Post-Closure

STATE OF MICHIGAN

JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

STEVENS T. MASON BUILDING
P.O. BOX 30028
LANSING, MI 48909

DAVID F. HALES, Director

January 30, 1990

Ms. Susan D. Kelsey
Divisional Environmental Liaison Engineer
AC Rochester Division
General Motors Corporation
1300 North Dort Highway
Flint, Michigan 48556

Dear Ms. Kelsey:

SUBJECT: Closure Plan Approval
GMC-AC Rochester Division, Averill Avenue Complex
MID 980 568 745

The Waste Management Division (WMD) has completed its review of the revised closure plan for the subject facility, submitted August 8, 1989. Based on this review, and the fact that no significant comments were received during the public comment period, the WMD hereby approves the closure plan subject to the attached stipulations. In accordance with 40 CFR §265.112(d)(4), the modified closure plan is the approved closure plan.

Closure of interim status units does not release the company from any plant-wide corrective action responsibilities it may have under the federal Hazardous and Solid Waste Amendments of 1984 (HSWA) to the Resource Conservation and Recovery Act of 1976 (RCRA). If you have any questions or comments, please contact Mr. Steve Sliver at 517-373-1976.

Sincerely,

Alan J. Howard, Chief
Waste Management Division
517-373-9523

Attachment
cc: Mr. Richard Traub, U.S. EPA
Mr. Leroy Vahovick, DNR - Lansing
Mr. Steve Buda, DNR
Mr. Steve Sliver, DNR
Compliance & Enforcement File

R1026
3/89

GMC - AC Rochester Division
Averill Avenue Complex
MID 980 568 745

Stipulations For Approval of Closure Plan
Submitted August 8, 1989

1. While the waste oil tank located beneath the Plant 6 container storage pad was exempt from regulation under Act 64 and RCRA, contamination in the vicinity of the tank shall be remediated in accordance with the approved closure plan.

2. The initial soil investigation at the Plant 7 container storage pad shall include four sampling stations: Stations B-1, B-2, and B-3 shall be located immediately south of the trench drain, at the three cracks in the concrete pad; Station B-4 shall be located at the crack near the center of the concrete pad.

3. The initial soil investigation at the Plant 6 container storage pad shall include the eight stations on the pad, following the 35 foot grid pattern, in addition to the stations shown on Figure 9 of the closure plan.

4. If contaminated soils are found from the initial soil investigation of the Plant 7 container storage pad, then the entire pad area shall be sampled according to a 20 foot sampling grid. The grid shall be expanded until soil sampling identifies both the vertical and horizontal extent of contamination.

5. The soil sampling grid for the Plant 6 container storage pad shall be expanded until soil sampling identifies both the vertical and horizontal extent of contamination.

6. The initial hydrogeological investigation for the Plant 6 container storage pad shall comply with the following:

   A. The proposed groundwater monitoring well clusters must be located as close to the point of compliance as possible.

   B. One additional groundwater monitoring well cluster shall be installed near the midpoint of the southern boundary of the pad.

   C. Monitor well screens shall be positioned to provide adequate vertical profiling based upon saturated zone thickness, vertical gradients, and flownets.

   D. At least two of the proposed borings shall be advanced to the bottom of the sand unit, into the confining layer, or a minimum of 50 feet if no confining layer is encountered.

   E. Top of casing elevation data shall be reported with all well installation and groundwater analytical data.

7. The priority pollutant volatile organics analytical method detection limits of Table 4 of the closure plan are replaced with those in Attachment 1.

8. Section 5.6 of the closure plan is modified such that the criteria for determining metals contamination shall be the mean of the background samples plus three standard deviations from the mean.

9. Section 7.0 of the closure plan is modified such that all contaminated soils, stone, and concrete shall be excavated and disposed off-site. If extensive contamination is found, then GMC - AC Rochester Division may submit information to the Michigan Department of Natural Resources to demonstrate that all contaminated soils cannot be practicably removed, and submit a request for an amendment to the approved closure plan to allow in-situ treatment, closure as a landfill, etc., in accordance with the provisions of R 299.9601 and 40 CFR §265.112(c).

10. All equipment used for the excavation, containment, and transportation of contaminated soils, concrete, and structures shall be decontaminated prior to leaving the work area. Decontamination rinsates and solids shall be collected and managed as hazardous waste if any listed hazardous wastes contaminated such equipment. All nonhazardous decontamination rinsates and solids shall be collected and managed in accordance with applicable regulations.

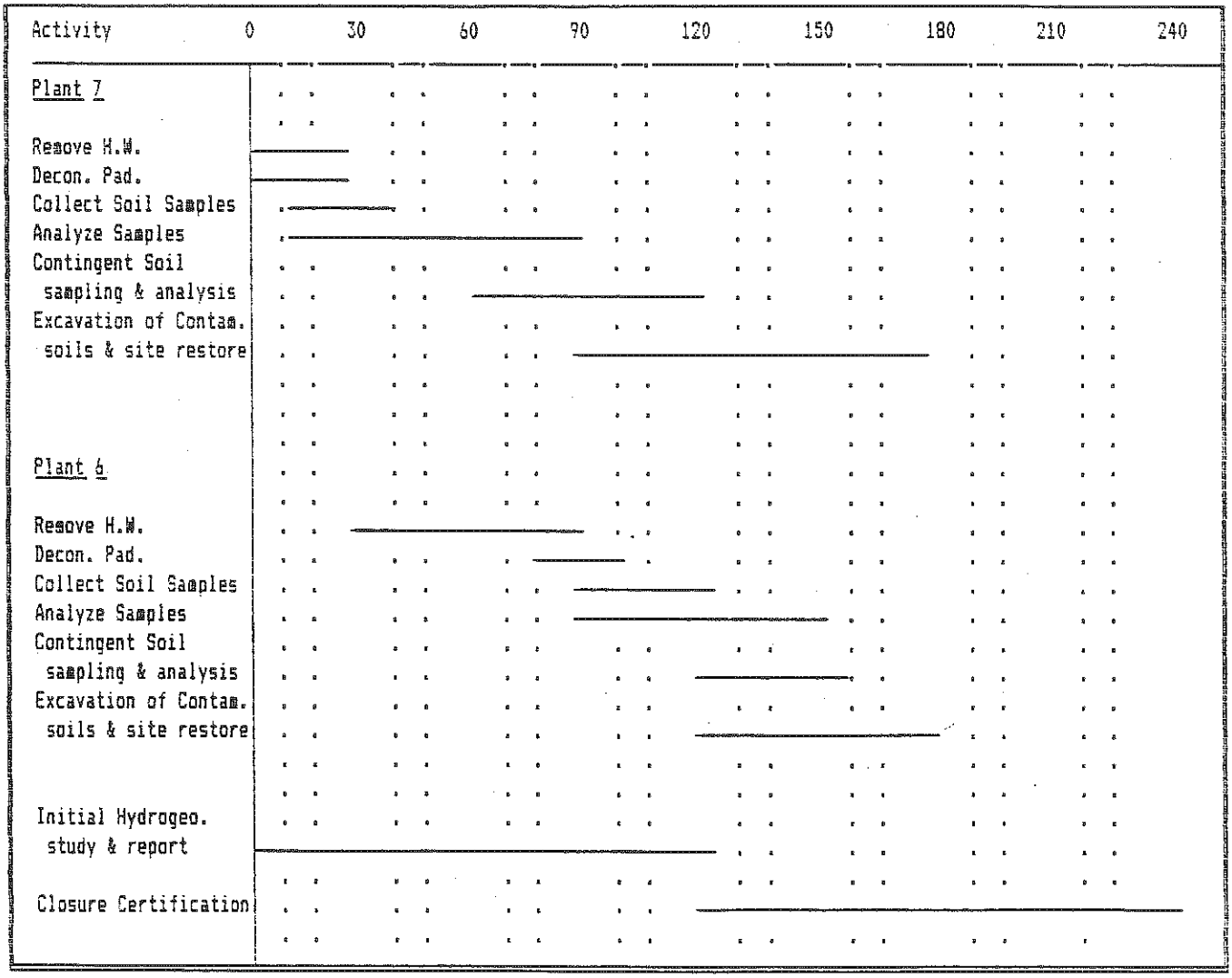
11. The closure schedule, Section 9.1 of the closure plan, shall be modified as shown in Attachment 2. The approved closure activities shall commence not later than April 1, 1990.

Attachment 1

SUMMARY OF ANALYTES, ANALYSIS METHODS AND METHOD DETECTION LIMITS

Analyte	SW-846 Method	Soil Method Detection Limit (ug/kg)	Water Method Detection Limit (ug/l)
Bromodichloromethane	8010	10	1
Bromoform	8010	20	1
Bromomethane	8010	-	5
Carbon tetrachloride	8010	18	1
Chlorobenzene	8010	90	5
Chloroethane	8010	52	5
2-Chloroethylvinyl ether	8010	13	1
Chloroform	8010	18	1
Chloromethane	8010	8	1
Dibromochloromethane	8010	9	1
1,2-Dichlorobenzene	8010	200	1
1,3-Dichlorobenzene	8010	200	1
1,4-Dichlorobenzene	8010	200	1
Dichlorodifluoromethane	8010	-	1
1,1-Dichloroethane	8010	18	1
1,2-Dichloroethane	8010	18	1
1,1-Dichloroethene	8010	18	1
trans-1,2-Dichloroethene	8010	18	1
1,2-Dichloropropane	8010	18	1
cis-1,3-Dichloropropene	8010	34	1
trans-1,3-Dichloropropene	8010	34	1
Methylene chloride	8010	90	5
1,1,2,2-Tetrachloroethane	8010	18	1
Tetrachloroethene	8010	18	1
1,1,1-Trichloroethane	8010	18	1
1,1,2-Trichloroethane	8010	18	1
Trichloroethene	8010	18	1
Trichlorofluoromethane	8010	-	5
Vinyl chloride	8010	18	5
Benzene	8020	18	1
Ethylbenzene	8020	18	1
Toluene	8020	18	1
Xylene isomers	8020	18	1

G.M.C ROCHESTER DIVISION
Averill Avenue Complex MID 980 568 745
Closure Schedule – Attachment 2



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

INTEROFFICE COMMUNICATION

September 25, 1989

To: Steve Sliver, Hazardous Waste Permits Unit

From: Kay Brower, Geo Tech Unit

Subject: AC Rochester Division of GMC - Closure Plan
MID 980 568 745

In the process of reviewing closure plans submitted in August, 1989 for two hazardous waste storage pads for the above referenced facility, several issues were identified which require additional attention. The two pads at the Averill Avenue Complex covered by this review are identified below as the Plant #6 barrel storage yard and the Plant #7 barrel storage yard. Each storage area will be discussed as a separate entity in the comments below.

Plant #6 Barrel Storage Area

The closure plan states that AC Rochester's goal is clean closure for the Plant #6 container storage pad. However, it is not possible to attain clean closure status due to a soils and groundwater contamination problem which exists beneath the pad. The source of the contamination is believed to be an underground storage tank which was removed in 1986, and never stored hazardous waste. The materials stored in the tank had very similar components to the materials stored on the pad, and therefore it is not possible to distinguish between contamination from the tank and any release of hazardous waste or constituents from containers stored on the pad. Remedial action must be completed in and around the pad before clean closure is attained.

The plan as presented, makes no mention of existing groundwater contamination beneath the pad. During a September, 1989 site visit by MDNR staff, it was discovered that a purge well is pumping contaminated groundwater from below the pad and discharging it to the wastewater treatment plant on site. Since groundwater remediation will likely be a part of this closure, the details of the purge operation and any data generated from it must be included in the closure plan.

The details of the tank removal which occurred in 1986 are not included with the closure plan. It is mentioned that the tank and the associated piping was suspected as leaking. What was the fate of the pipes leading to the tank? Also, the contaminated soils were left in place for in-site remediation, but no details of the soils remediation program are included with the closure plan. How are the soils being cleansed and what are the results, to date?

During our recent site visit, the pad was visually inspected and found to be in very poor condition. At a minimum, the entire pad should be gridded, cored and sampled for the list of parameters included on pages 31 and 32 of the closure plan. Samples shall also be taken beneath all cracks, low spots and fissures. In this case, its questionable that the pad can ever by repaired sufficiently to provide protection from spills to the underlying soils. I recommend that the pad be removed entirely and replaced with new concrete, if the company wishes to use the area for short-term storage of hazardous waste.

The proposed hydrogeological investigation requires the following modifications prior to approval:

1. The proposed locations of the monitor well clusters is too far from the boundary of the pad. The wells must be located closer to facilitate detection of any past releases of hazardous waste.

2. At least one additional monitor well cluster shall be installed near the south-central boundary of the pad, near the area of known contaminated soils.

3. Monitor well screens shall be positioned such that all levels of the saturated zone are monitored. Many of the contaminants of concern have a specific gravity greater than one, and would be expected to migrate to the bottom of the saturated zone. This portion of the aquifer must also be sampled, as well as the proposed upper portion of the aquifer.

4. Existing soil borings are relatively shallow (15 feet is the deepest), and several are only 10 feet deep, ending in a sand unit. At least two of the proposed borings shall be advanced to the bottom of the sand unit to a confining layer, or a minimum of 50 feet if no confining unit is encountered prior to 50 feet.

5. Top of Casing elevation data for all monitor wells shall be reported with any results which are forthcoming from this assessment.

6. With the exception of the metals, all detection limits proposed in Table 4 of the closure plan are too high for soils and groundwater parameters. An example of acceptable levels is attached.

7. The criteria for determination of metals contamination should be the mean of the background samples plus three standard deviations from the mean, rather than the proposed Gossett Student's t-test.

Plant #7 Barrel Storage Area

The closure plan for the Plant #7 storage area needs only minor modification, as discussed during the September 7, 1989, meeting with AC Rochester. The sample locations for concrete and underlying soils samples must include areas of cracks and low spots in the pad.

Otherwise, the pad appears to be in good shape, with few cracks and no evidence of spills. Also, it's reported that it was rarely used for storage of hazardous waste in the past, and the Company does not anticipate that it will be used very often in the future.

If you have any questions or would like to discuss the contents of this memo, let me know.

Attachment
cc: De Montgomery/Geotech File

TABLE 4

SUMMARY OF ANALYTES, ANALYSIS METHODS AND METHOD DETECTION LIMITS

Analyte	SW-846 Method	Soil Method Detection Limit (ug/kg)
Priority Pollutant Volatile Organic Compounds		
Bromodichloromethane	8010	10.0
Bromoform	8010	20.0
Bromomethane	8010	----
Carbon tetrachloride	8010	18.0
Chlorobenzene	8010	90.0
Chloroethane	8010	52.0
2-Chloroethylvinyl ether	8010	13.0
Chloroform	8010	18.0
Chloromethane	8010	8.0
Dibromochloromethane	8010	9.0
1,2-Dichlorobenzene	8010	200.0
1,3-Dichlorobenzene	8010	200.0
1,4-Dichlorobenzene	8010	200.0
Dichlorodifluoromethane	8010	----
1,1-Dichloroethane	8010	18.0
1,2-Dichloroethane	8010	18.0
1,1-Dichloroethene	8010	18.0
trans-1,2-Dichloroethene	8010	18.0
1,2-Dichloropropane	8010	18.0
cis-1,3-Dichloropropene	8010	34.0
trans-1,3-Dichloropropene	8010	34.0
Methylene chloride	8010	90.0
1,1,2,2-Tetrachloroethane	8010	18.0
Tetrachloroethene	8010	18.0
1,1,1-Trichloroethane	8010	18.0
1,1,2-Trichloroethane	8010	18.0
Trichloroethene	8010	18.0
Trichlorofluoromethane	8010	----
Vinyl chloride	8010	18.0
Benzene	8020	18.0
Ethylbenzene	8020	18.0
Toluene	8020	18.0
Xylenes	8020	18.0

AC Rochester

1300 N. Dort Highway
Flint, Michigan 48556 USA

August 3, 1989

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Steven R. Sliver
Environmental Engineer
Waste Management Division
Department of Natural Resources
Stevens T. Mason Building
P.O. Box 30028
Lansing, Michigan 48909

Dear Mr. Sliver:

The AC Rochester Division of General Motors Corporation has prepared the attached revised closure plan for the interim status hazardous waste storage area (MID 980 568 745) located at the Averill Avenue Complex in Flint, Michigan. The revised closure plan has been prepared in response to your June 27, 1989, Notice of Deficiency concerning the original submission of October 14, 1988. A summary of plan revisions and responses to your comments are presented below:

1. The requested discussion has been added in the introduction to Section 3.0.

2. The raw materials that have been stored on the Plant 6 concrete pad which was also used for hazardous waste storage were not waste materials and are not subject to regulation under Michigan Act 64 or 40 CFR 265. Therefore, determination of the components of those materials is not pertinent to the closure activities.

   Although detailed records of materials stored on the pad cannot be readily obtained, available data indicates that paints and solvents were the most frequently stored materials. The analyses (Table 3) proposed for determination of rinsate compatibility with the facility's wastewater treatment plant include the principal regulated components of these materials.

3. Revised as requested.

4. Revised as requested.

5. Section 4.3 and Table 4 have been modified to describe criteria for managing decontamination rinsates and provide analysis methods/method detection limits, respectively.

6. Section 5.7 has been eliminated, and all decontamination rinsate discussions have been consolidated in Section 4.3. Since the wastewater generated during decontamination may go to the plant's wastewater treatment plant, which is subject to Federal Clean Water Act regulation, it does not automatically have to be managed as a hazardous waste if found to contain constituents of listed hazardous wastes [Act 64 R.203.9203(1)(c)]. If the wastewater is found to be unacceptable for discharge to the wastewater treatment plant (Section 4.3), it will be managed as a hazardous waste if found to contain listed wastes or if found to be a characteristic hazardous waste; if not, it will be managed according to Michigan Act 136 requirements.

7. Revised as requested.

8. Revised as requested.

9. Revised as requested.

10. Revised as requested to include investigation of cracks and voids. Existing sample points were selected to be proximate to the lowest points on the pads.

11. A map and cover sheets have been added to Appendix A (formerly Appendix B) to clarify the chemical analysis data.

12. Available documentation has been included in Appendix A of the closure plan.

13. Subsurface soil profile sections have been included in Appendix A. Figure 3 has been modified to indicate the area of known contamination based on the September 1986 investigation.

14. Revised as requested.

Additional Revisions:

A. The depths from which soil samples will be collected near the container storage pad (Sections 5.1.1) have been slightly modified. The sampling interval has been changed to 2' from the original 1' in the upper levels for logistical reasons. The split spoon sampler is 18" long, which makes sample collection at 1' intervals difficult. The total depth of each borehole has not changed.

B. No sampling of the wastewater treatment plant effluent will occur during the processing of the decontamination wash waters. Since the treatment plant processes approximately 1.2 million gallons of wastewater per day, the impact of 2,000 - 4,000 gallons of wash water would be impossible to discriminate. Furthermore, it would be impossible to know when the actual wash water was being processed.

C. Since the local groundwater flow direction is not known with certainty, an additional monitoring well pair (OW-4) has been added to the hydrogeological study, and OW-3 has been moved to ensure that any groundwater/contaminant migration to the southwest will be discovered.

If you have any additional questions concerning the attached revised closure plan or the rationale for responses to your deficiency letter, please do not hesitate to contact Dr. James Harless at Techna Corporation or me.

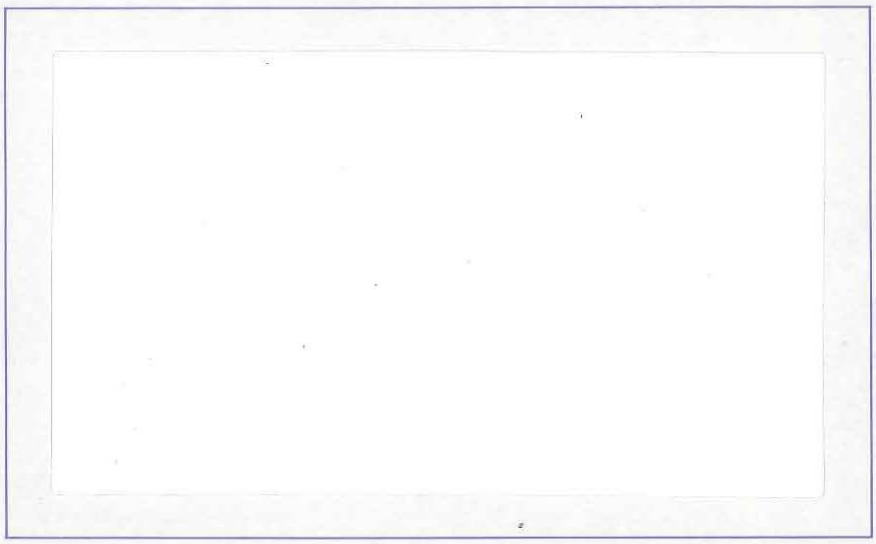
Sincerely yours,

Susan D. Kelsey

Susan D. Kelsey
Senior Environmental Engineer

enclosures (4)

cc: Dr. James Harless, Techna Corporation



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GENERAL MOTORS CORPORATION
AC ROCHESTER DIVISION
AVERILL AVENUE COMPLEX

HAZARDOUS WASTE STORAGE AREA
CLOSURE PLAN

AC Rochester Division
Averill Avenue Complex
General Motors Corporation
1300 North Dort Highway
Flint, Michigan 48556

MID 980 568 745

TPN: 202-8001

October 14, 1988
Revision 1: December 12, 1988
Revision 2: August 3, 1989

TABLE OF CONTENTS

HAZARDOUS WASTE STORAGE AREA CLOSURE PLAN

1.0 INTRODUCTION

This closure plan has been developed for the Averill Avenue Complex (MID980568745) of the AC Rochester Division of General Motors Corporation, Flint, Michigan. The Averill Avenue Complex hazardous waste storage area encompasses two container storage pads. The Averill Avenue Complex hazardous waste storage areas have operated under Part A interim status since submission of a permit application dated November 17, 1980. A request to amend the interim status permit was submitted to the Michigan Department of Natural Resources (MDNR) in October 1988.

The container storage areas have been used primarily for the storage of drums and smaller containers of hazardous wastes prior to transportation for disposal. Hazardous waste materials stored in these areas include ignitables, waste hydrocarbon solvents, waste chlorinated solvents, corrosive liquids, and materials containing toxic metals, generated from the manufacture of automotive parts, degreasing, and other plant maintenance operations. The container storage areas have been in continuous operation since the completion of their construction.

The plant's operation does not require that hazardous wastes be stored for more than 90 days. The plant management now wishes to terminate operation of the container storage area as a permitted storage facility. After closure per an approved closure plan, the container storage areas will be managed and operated in compliance with Michigan Act 64 rules applicable to generators accumulating hazardous wastes for <90 days.

Closure activities for the Averill Avenue Complex hazardous waste storage areas will initially consist of an extensive cleaning at each of the hazardous waste storage pads. This will be followed by a sampling and analysis program to determine if waste management practices during the interim status period have resulted in significant contamination of the underlying soils. If contaminated materials are identified, additional sampling and analysis activities will be conducted as necessary to determine the full extent of the contamination. Remedial actions will be designed and implemented if necessary to effect clean closure.

2.0 SITE DESCRIPTION AND HISTORY

The original Part A permit application was submitted in 1980 under the name of the GMC AC Spark Plug Division Averill Ave. The name and management of the plant has recently been changed to the AC Rochester Division of General Motors Corporation.

The Part A permit application was amended and submitted to the Michigan Department of Natural Resources in a letter dated October 3, 1988 to correct misinterpretations of the regulations in the original application, to correctly show the areas actually being used to manage hazardous wastes, and to more accurately describe the types of wastes being managed.

2.1 Location

The Averill Avenue Complex of the AC Rochester Division is located at 4143 Davison Road, Flint, Michigan (see Location and Site Pans in Appendix A). The Averill Avenue Complex hazardous waste storage areas include:

1) the Plant 6 barrel storage yard which is located in the northwest quarter of the complex and
2) the Plant 7 barrel storage yard which is located northwest of the Consumer Power substation.

The plant contact for all inquiries concerning the interim status storage area closure program is Ms. Susan Kelsey (313/257-6595).

2.2 Facility Description

2.2.1 Plant 6 Container Storage Pad

The Plant No. 6 container storage area, which measures 68'-0" x 130'-1", was originally constructed in the mid 1950's as a drum storage pad. Hazardous wastes have been stored in this area since 1978. In 1986 the storage pad was improved to include a canopy roof and a fire protection system. The north, east, and west sides have a twelve inch high concrete containment curb. On the south side is a continuous twelve inch wide trench drain that is piped to the process waste sewer system. The base slab is an eight (8") inch thick concrete slab that has been patched with bituminous